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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 10/358,093 02/03/2003

OK @ 03/19/06

** FOREIGN APPLICATIONS *****

-None @ 03/19/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 12/24/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance	MN	8	19	2
Verified and Acknowledged	Examiner's Signature <u>OK 03/19/06</u> Initials				

ADDRESS

Merchant & Gould P.C.
 P.O. Box 2903
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 55402-0903

TITLE

Nerve stimulation and conduction block therapy

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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